JUNE 1992 VOL 1 NO 2

TOBACCO CONTROL

AN INTERNATIONAL JOURNAL

BMJ PUBLISHING GROUP

Tar yields

To the editor – The unsigned News Analysis in the first issue of *Tobacco Control* is written by "one who has never believed that requiring a reduction in tar yield of cigarettes provides any health advantage whatsoever."[1] This degree of ignorance is not appropriate; the evidence has been extensively discussed and reviewed in many places (including, for example, the International Agency for Research on Cancer (IARC) monograph on tobacco smoking,[2] and the World Health Organisation–IARC scientific monograph on tobacco[3]). One important conclusion is that a large reduction in the very high tar deliveries still seen in many parts of Asia would substantially reduce the smoker's risk of lung cancer (and hence too the smoker's overall risk of premature death, since there is no good evidence of any net increase in the many other fatal effects of tobacco use). Of course the most important cause of cancer in the world is the cigarette and the second most important is the low tar cigarette, and of course cigarettes kill more people by other diseases than by cancer. But, other things being equal, in China alone implementation of the hard won recommendation that tar levels should be reduced could well eventually avoid a few hundred thousand deaths a year from tobacco, as long as it is not allowed to feed back into the political process and obstruct other important aspects of tobacco control.

RICHARD PETO
ICRF Reader in Cancer Studies, ICRF Cancer Studies Unit, Oxford, United Kingdom

1 First item under heading "What did you do in the (tobacco) war, Daddy?" *Tobacco Control* 1992; 1: 10.
2 International Agency for Research on Cancer. *IARC monograph on the evaluation of the carcinogenic risk of chemicals to humans. Tobacco smoking*. Lyons: IARC, 1986. (IARC monograph No 38, vol 38.)
3 Zaridze D, Peto R, eds. *Tobacco: a major international health hazard*. Lyons: International Agency for Research on Cancer, 1986. (IARC scientific publication No 74.)

In reply – Although the context of my comments would suggest that I was referring to Western cigarettes, which on average produce lower levels of tar than most cigarette brands available in Asia, I would maintain that the hoped for reduction in lung cancer deaths as a direct consequence of a reduction in tar levels is an illusion. Indeed, such a principle has enabled the tobacco industry to have become, in effect, our leading health educator, as increasing numbers of consumers have switched to lower tar brands – rather than stopping smoking – in the misguided belief that they can smoke more safely. Since 1979 reports of the US Surgeon General have warned that individuals who shift to supposedly less hazardous brands may in fact increase their health risk through compensatory deeper inhalation and the smoking of more cigarettes. The estimate by Peto and Lopez of 3 million deaths annually worldwide due to smoking during the 1990s[1] calls for bold actions that create disincentives for the use and promotion of tobacco, both on individual and societal levels. Continued clamour for a reduction in tar yields of cigarettes is a strategy that smacks of compromise with state run tobacco monopolies and an inability to imagine the dismantling of multinational tobacco conglomerates. It is good of Mr Peto to allude to "other important aspects of tobacco control." I can think of few global tobacco control strategies less important than the promotion of lower tar cigarettes.

ALAN BLUM
Editor, News and Commentary

1 Peto R, Lopez AD, and the WHO Consultative Group on Statistical Aspects of Tobacco-Related Mortality. Worldwide mortality from current smoking patterns. In: Durston B, Jamrozik K, eds. *Tobacco and health 1990 – the global war*. Perth: Health Department of Western Australia, 1990: 66–8. (Proceedings of the seventh world conference on tobacco and health.)

In reply – Because the credit line for News Analysis did not appear until the end of the section, some readers assumed that the articles in it were unsigned. All of the articles were in fact written by Dr Alan Blum. Dr Blum, who has been active in tobacco control for more than 20 years, is the former editor of the *Medical Journal of Australia* and the *New York State Journal of Medicine*. The theme issues on tobacco that he produced in 1983 at those journals were the first of their kind and a forerunner of *Tobacco Control*.

With respect to the issue of low tar cigarettes, I find myself somewhere between the positions articulated by Mr Peto and Dr Blum. Yes, a reduction in tar yields may be helpful in countries such as China, where the average tar yield is high and where public awareness of the health hazards of smoking is low. But as Dr Blum points out, the availability of "safer" cigarettes may reduce smoking cessation by giving health conscious smokers an alternative to quitting – that is, switching to lower yield brands. In developing countries this effect may be minimal because so few smokers are contemplating quitting. But in countries where tobacco consumption is on the decline the adverse effect of low tar cigarettes in discouraging smoking cessation may dwarf any public health benefit from their slightly lower carcinogenicity.

In the United States the cigarette industry has spent a disproportionate amount of its advertising and promotional budget on low-tar brands, using explicit or implicit messages that these brands are less hazardous or safe.[1] Its efforts, aided a bit by the federal government's "safe cigarette" programme in the 1970s, have had a substantial impact. The domestic market share of low tar cigarettes ($\leq$ 15 mg) has exceeded 50% since 1981.[2] According to the 1986 Adult Use of Tobacco Survey (AUTS), 38% of adult smokers have switched from one cigarette brand to another "just to reduce the amount of tar and nicotine."[3] The AUTS also showed that 21% of smokers believe that the kind of cigarettes they smoke are "probably less hazardous than others."[4] How many of these smokers might have quit if low tar cigarettes had never been introduced, or if the misleading advertisements for those brands had been banned?

Despite the importance and complexity of these issues, little research has been conducted to elucidate the *whole* impact of low yield cigarettes *on the population*. Besides the potential effect of low tar cigarettes in discouraging smoking cessation, other important questions remain unanswered and, indeed, unexplored. Because low yield cigarettes are less harsh, do they facilitate experimentation with and initiation of smoking among children and adolescents? Does the heavier use of flavouring agents in low tar brands create risks not present in higher tar cigarettes? What are the effects of the promotional campaigns for the new generation of products aimed at health conscious smokers, such as denicotined cigarettes, perfumed cigarettes ("the first cigarette that smells good"), and cigarettes reported to have less sidestream smoke? We encourage research and further commentary on this subject.

RONALD M DAVIS
Editor

1 Davis RM. Current trends in cigarette advertising and marketing. *N Engl J Med* 1987; 316: 725–32.
2 US Federal Trade Commission. *Federal Trade Commission report to Congress for 1989: pursuant to the Federal Cigarette Labeling and Advertising Act*. Washington, DC: FTC, 1992.
3 US Department of Health and Human Services. *Tobacco use in 1986: methods and basic tabulations from Adult Use of Tobacco Survey*. Atlanta, Georgia: Centers for Disease Control, Office on Smoking and Health, 1990.
4 US Department of Health and Human Services. *Reducing the health consequences of smoking: 25 years of progress. A report of the Surgeon General, 1989*. Atlanta, Georgia: Centers for Disease Control, Office on Smoking and Health, 1989: 181. (DHHS Publication No (CDC) 89–8411.)

Dialogue with the tobacco industry

To the editor – I refer to a comment ascribed to Dr S T Han, regional director of the Western Pacific Regional Office of the World Health Organisation (WPRO), suggesting dialogue between health advocates and the tobacco industry.[1]

Dr Han made this remark at an APACT (Asian Pacific Association for the Control of Tobacco) regional conference in Seoul in 1991 as part of a rousing address that encouraged delegates from Asia to take strong action against tobacco.

At the meeting similar criticism was made by a Western tobacco control advocate about Dr Han's remarks on aiming at a "frank exchange of knowledge and opinions" with the tobacco industry.

I attended this meeting and explained to the advocate and to the meeting that Dr Han was speaking from the Asian perspective where health professionals are dealing not only with the commercial transnational tobacco companies but also with national tobacco monopolies.

The monopolies currently behave very differently from the commercial transnational companies. In general, Asian monopolies admit the health hazards of tobacco, co-operate with government measures, and do not advertise their products.

I personally have had experience of working with government monopolies – for example, in China and Vietnam. These countries have supported tobacco control measures, funded Tobacco or Health conferences, and supported tobacco control legislation. Of course this cooperation is partial and almost certainly temporary, but while it lasts it is worth utilising.

I am extremely impressed with the Tobacco or Health programme of WPRO, and in particular the commitment of Dr Han on the tobacco issue, and I feel that the remark was particularly taken out of context.

JUDITH MACKAY
Director, Asian Consultancy on Tobacco Control, Hong Kong

1 Sixth item under heading "What did you do in the (tobacco) war, Daddy?" *Tobacco Control* 1992; 1: 11.